								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10	78	O	705	5	
CLAIMS AS FILED - PART I								. ENT	ITY		OTHER	THAN	
			(Column 1) (Col			mn 2)	TYPE	TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS							RAT	E	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	EE 3	85.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X\$ 9	=		OR	X\$18=		
IND	EPENDENT C	LAIMS ,	minus 3 = *				X43	=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							+145	=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								L		OR	TOTAL	72	
CLAIMS AS AMENDED - PART II										J	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								L EN	TITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING		HIGHI NUME		PRESENT			NDDI-			ADDI-	
		AFTER AMENDMENT		PREVIC PAID I	USLY	EXTRA	RATI		ONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=.		OR	X\$18=		
	Independent	*	Minus .	***		=	X43=	:		OR	X86=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	+290=		
			+145: TOT			OR	TOTAL						
								ADDIT. FEE OR ADDIT. FEE				L	
	(Column 1) (Column 2) (Column 3)												
В		REMAINING		NUMB	BER	PRESENT	RATE		DDI- ONAL		RATE	ADDI- TIONAL	
AMENDMENT		AFTER AMENDMENT		PREVIO PAID F		EXTRA	hAIL		FEE		naie	FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=	X43=			OR	X86=		
	FIRST PRESE		+145=	. T			+290=						
TOTAL										OR	TOTAL	•	
								E L		OR ,	ADDIT. FEE		
		(Column 3)											
Z		CLAIMS REMAINING AFTER AMENDMENT	. •	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	** •		=	X\$ 9=			OR	X\$18=		
	Independent	*	Minus	*** .		= .	X43=	十			X86=		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR			
+145=										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL DDIT. FEE		
		mber Previously Pa ber Previously Paid							riate box	in colu	ımn 1.		